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MARGIN RESERVED FOR BINDING
N. B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STANDARD CERTIFICATE OF DEATH				ARIZONA STATE BOARD OF HEALTH		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH				State File No. <u>352</u>		Registered No. <u>117</u>	
County <u>Yuma</u>		State <u>Arizona</u>		Township <u>Yuma</u>		City <u>Yuma</u>	
(If death occurred in a hospital or institution, give its NAME instead of street and number)				No. <u>Yuma General Hospital</u>		Ward <u>67</u>	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.				How long in U. S. if of foreign birth <u>1</u> yrs. <u>0</u> mos. <u>0</u> ds.			
2. FULL NAME <u>Jose maria Venegas</u>				(a) Residence: No. <u>10th ave + 1st st</u> St. <u>Yuma</u> Ward <u>67</u> (If nonresident give city or town and State)			
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>male</u>		4. COLOR OR RACE <u>Mexican</u>		5. SINGLE, MARRIED, WIDOWED, or DIVORCED. (write the word) <u>married</u>		21. DATE OF DEATH (month, day, and year) <u>July 8</u> , 19 <u>32</u>	
5a. If married, widowed, or divorced HUSBAND of <u>Maria Venegas</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>July 8</u> , 19 <u>32</u> to <u>July 8</u> , 19 <u>32</u>			
6. DATE OF BIRTH (month, day, and year) <u>Aug. 24-1870</u>				Last saw him alive on <u>July 8</u> , 19 <u>32</u> ; death is said to have occurred on the date stated above, at <u>3:30 p.</u>			
7. AGE <u>61</u> Years <u>10</u> Months <u>14</u> Days		If LESS than 1 day, <u>14</u> hrs. or <u>14</u> min.		The principal cause of death and related causes of importance were as follows: <u>Chronic Nephritis</u>			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundryman</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		Other contributory causes of importance: <u>Brucellosis</u> <u>July 7</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		Name of operation <u>None</u> Date of <u>None</u>			
12. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		13. NAME <u>Aguilino Venegas</u>		What test confirmed diagnosis <u>None</u> Was there an autopsy? <u>None</u>			
14. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		15. MAIDEN NAME <u>Rita Leivas</u>		23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>32</u>			
16. BIRTHPLACE (city or town) (State or country) <u>Mexico</u>		17. INFORMANT (Address) <u>Yuma Arizona</u>		Where did injury occur? <u>None</u> (Specify city or town, county and State)			
18. BURIAL, CREMATION, OR REMOVAL <u>Yuma Cemetery</u> <u>7/10</u> , 19 <u>32</u>		19. UNDERTAKER (Address) <u>Yuma Arizona</u>		Specify whether injury occurred in industry, in home, or in public place.			
20. Filed <u>July 10, 1932</u>		21. (Signed) <u>Dr. J. H. Howell</u> M. D.		Manner of injury <u>None</u>			
				Nature of injury <u>None</u>			
				24. Was disease or injury in any way related to occupation of deceased? <u>No</u>			
				If so, specify <u>None</u>			
				(Address) <u>Yuma Arizona</u>			